MOBILE HOME INSPECTION RECORD

1. DATE (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406; 5 USC 5726; and E.O. 9397.

PRINCIPAL PURPOSE(S): To document inspection of Mobile Homes and account for any violations of the carrier's tender of service; and to act as supporting documentation for any action arising from a carrier's unsatisfactory performance.

ROUTINE USE(S): Information contained in this system of records may be provided to a carrier in the course of adjudication or other action taken for unsatisfactory

| DISCLOSURE: Voluntary; however, fa | ailure to provide the reque | sted information may de | elay settlement of a c | claim. | | | | | | | |
|---|-----------------------------|-----------------------------|--|-------------------|-------------------------------|--|----------|---------------|--------|------|-------|
| | • | PART I - SHIPMENT | - | | | | | | | | |
| 2a. NAME OF CARRIER | | b. SCAC | c. CARRIER FREIGHT BILL NUMBER (To be completed by carrier at origin.) | | d. | d. Government bill of lading Number | | | | | |
| 3a. NAME OF MEMBER | | b. SOCIAL SECURIT | TY NUMBER | | c. RANK/PAY GRADE | | | | | | |
| 4a. ORIGIN SHIPPING OFFICE | b. GBLOC NO. | 5a. DESTINATION SHIPPING OF | | | FICE b. GBLOC N | | | | VO. | | |
| c. ORIGIN ADDRESS (Include city, sa | tate and zip code.) | | c. DESTINATION | ADDRESS (Include | city, s | state and | zip cod | le.) | | | |
| | | PART II - SPEC | CIFICATIONS | | | | | | | | |
| 6a. MOBILE HOME (Make) | | | | be completed by | / the | carrier | at orio | nin) | | | |
| (| | | (1) SIZE | | (2) PLY RATING (3) MFR SERIAL | | - | | | | |
| | | | a. LEFT 1 | (2) 121 (041) | , (0 |) WII IC C | LINIAL | 10. | (+) | OND | 11011 |
| b. MODEL | 8. DIMENSION | IS (Actual) | b. LEFT 2 | | | | | \dashv | | | |
| | (1) FEET & INC | | c. LEFT 3 | | | | | - | | | |
| | a. HEIGHT | | d. LEFT 4 | | | | | -+ | | | |
| | | | e. RIGHT 1 | | - | | | -+ | | | |
| c. SERIAL NUMBER | b. LENGTH | | f. RIGHT 2 | | | | | \rightarrow | | | |
| | | | g. RIGHT 3 | | | | | -+ | | | |
| | c. WIDTH | | h. RIGHT 4 | | | | | - | | | |
| | | | | *CONDITION: G - 0 | GOÓD | ; F - FAI | R; P - P | OOR | | | |
| | | PART III - IN | ISPECTION | | | | | | | | |
| 9. ORIGIN INSPECTION COLU | MN - complete ONL | Y when a visual ins | spection of the M | lobile Home is | | (1) ORIG | IN | (2 |) DEST | INAT | ION |
| made at origin by the Carrier or the ITO. DESTINATION INSPECTION COLUMN - complete ONLY when a visual inspection of the Mobile | | | | | | RRIER (| b) ITO | (a) C | ARRIER | (b) | ITO |
| Home | | | | | | NO YI | S NO | YES | NO | YES | NO |
| a. Was the Mobile Home unblocked? | | | | | | | | | | | |
| b. Do springs have adequate/normal arch? | | | | | | | | | | | |
| c. Is there a minimum 3-inch clearance over each tire? | | | | | | | | | | | |
| d. Does Mobile Home appear to be overloaded? | | | | | | | | | | | |
| e. Do structural members, inc | luding A-Frame, app | ear sound - no dam | age? | | | | | | | | |
| f. Are all visible frame to body attachments/bolt connections in place and unbroken? | | | | | | | | 1 | 1 | | |
| g. Does exterior paneling/mole | ding appear to be tig | ht and secure? | | | | | | | | | |
| h. Are brake and clearance lig | | | | | | | | | | | |
| i. Does member acknowledge | e that wheel bearing | s have been packed | l within the last of | 90 days? | | | | | | | |
| j. Is Mobile Home equipped v | vith operable brakes | at time of hook up | ? | | | | | | | | |
| k. Are wheel lugs tight? | | | | | | | | | | | |
| I. Does member acknowledge that plumbing has been drained and protected from freezing? | | | | | | | | | | | |
| m. Does member acknowledge that all appliances/utilities have been serviced? | | | | | | | | | | | |
| n. Have attached items been detached and stowed inside (TV antenna, air conditioner, etc.)? | | | | | | | | | | | |
| o. Are all fixtures which cannot be removed anchored securely? | | | | | | | | | | | |
| p. Have all utilities been disconnected and secured? | | | | | | | | | | | |
| q. Does member acknowledge that all prohibited items have been removed? | | | | | | | | | | | |
| r. Does member acknowledge that all loose items/accessories in closets/cabinets have been properly packed and secured? | | | | | | | | | | | |
| s. Have loose furniture and heavy moveable items been secured above and forward of axles? | | | | | | | | | | | |
| t. Are drawers, cabinets, and sliding doors secured or taped? | | | | | | | | | | | |
| u. Are mirrors, windows and other glass cross (X) taped? | | | | | | | | | | | |
| v. Is Mobile Home equipped with valid license or permit? | | | | | | | | | | | |
| w. Are interior contents properly inventoried and inventory provided to carrier? | | | | | | | | | | | |
| x. Does the Mobile Home meet the transportation safety standards of destination and intermediate states? | | | | | | | | | | | |
| v. Do exterior doors lock? Have keys been given to carrier? | | | | | | | | | | | |

| 10. GENERAL CONDITION. Record degree and pequipment | orecise location of | any apparent damage at origin or des | tination to the Mo | bile Home | | | | | | | |
|--|---------------------|---|--|---|--|--|--|--|--|--|--|
| (fixed or installed), including interior and exterior surface such as dented panels, loose or missing trim, broken windows, scratched or | | | | | | | | | | | |
| marred surfaces, etc. USE DIAGRAM TO ILLUSTRATE DAMAGES. Use the illustrated codes to indicate origin/destination damage and | | | | | | | | | | | |
| NOTE: MARK "X" = ITO/REPRESENTATIVE | | | | | | | | | | | |
| ORIGIN | _ | = CARRIER DESTINA | ATION | _ | | | | | | | |
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| | T | | S. Commission of the Commissio | Τ [| | | | | | | |
| | | Left Side Page | <u> </u> | | | | | | | | |
| Left Side Rear Right Side | Front | Rear | Right Side | Front | | | | | | | |
| 11. REPORT OF DAMAGES INDICATED. (Condition | ion of Mobile Hon | ne and fixtures at "ORIGIN" and "DEST | INATION" is as d | escribed above.) | | | | | | | |
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| 12. ORIGIN ITO/INSPECTOR (If applicable) TYPED OR PRINTED NAME (Last, First, Mid | dle Initial) | 13a. ORIGIN ITO/REPRESENTATIVE SIGNATURE | | b. DATE (YYYYMMDD) | | | | | | | |
| THE SKITKING (East, 1 mst, ma | are miliary | CIGITATI CINE | | (11111111111111111111111111111111111111 | | | | | | | |
| | | | | | | | | | | | |
| 14a. ORIGIN CARRIER REPRESENTATIVE | b. DATE | 15a. ORIGIN MEMBER/AGENT SIGNA | TURE | b. DATE | | | | | | | |
| SIGNATURE | (YYYYMMDD) | | | (YYYYMMDD) | | | | | | | |
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| | | | | | | | | | | | |
| 16. DESTINATION ITO/INSPECTOR (If applicable | e) | 17a. DESTINATION ITO/REPRESENTA | TIVE | b. DATE | | | | | | | |
| TYPED OR PRINTED NAME (Last, First, Mid | uie IIII(läl) | SIGNATURE | | (YYYYMMDD) | | | | | | | |
| | | | | | | | | | | | |
| 18a. DESTINATION CARRIER REPRESENTATIVE | h DATE | 19a. DESTINATION MEMBER/AGENT | h DATE | c. TIME OF | | | | | | | |
| SIGNATURE | (YYYYMMDD) | SIGNATURE | (YYYYMMDD) | DELIVERY | | | | | | | |